

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

DARIA NOVAK FOR CONGRESS

ADDRESS (number and street)

51 HAMMONASSETT MEADOWS ROAD



Check if different than previously reported. (ACC)

MADISON

CT

06443

2. FEC IDENTIFICATION NUMBER ▼

C

C00589713

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

CT

05

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

04

D D / Y Y Y Y

20

Y Y Y Y

2016

through

M M / D D / Y Y Y Y

06

D D / Y Y Y Y

30

Y Y Y Y

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer J KENNETH NOWELL CPA

Signature of Treasurer J KENNETH NOWELL CPA

[Electronically Filed]

Date

M M / D D / Y Y Y Y

07

D D / Y Y Y Y

15

Y Y Y Y

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

DARIA NOVAK FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	10842.49	23301.87
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	10842.49	23301.87
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	7306.77	17030.22
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	7306.77	17030.22
8. Cash on Hand at Close of Reporting Period (from Line 27).....	7607.69	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	1336.04	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

PAGE 3 / 22

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

DARIA NOVAK FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	6

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

2046.45

5996.45

(ii) Unitemized.....

3520.54

9522.54

(iii) TOTAL of contributions from individuals ▶

5566.99

15518.99

(b) Political Party Committees.....

250.00

250.00

(c) Other Political Committees (such as PACs).....

5000.00

5727.00

(d) The Candidate.....

25.50

1805.88

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

10842.49

23301.87

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

219.24

1336.04

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

219.24

1336.04

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

11061.73

24637.91

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 22

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	7306.77	17030.22
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	7306.77	17030.22

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	3852.73
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	11061.73
25. SUBTOTAL (add Line 23 and Line 24).....	14914.46
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	7306.77
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	7607.69

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 5 OF 22

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DARIA NOVAK FOR CONGRESS

Full Name (Last, First, Middle Initial)

Kenneth Abramowitz

Mailing Address 411 Harbor Road

City

Southport

State

CT

Zip Code

06890

FEC ID number of contributing
federal political committee.

C

Name of Employer

NGN Capital

Occupation

Managing General Partner

Receipt For: 2016

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

Transaction ID : SA11AI.4485

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Maxwell Merrick Belding

Mailing Address 30 Bokum Road

Unit 308

City

Essex

State

CT

Zip Code

06426

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2016

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Transaction ID : SA11AI.4568

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

William Collier

Mailing Address 4515 North Progress Avenue

City

Harrisburg

State

PA

Zip Code

17110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Regal Blue Media

Occupation

Web design

Receipt For: 2016

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

2710.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2016

Transaction ID : SA11AI.4590

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

810.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 22

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

DARIA NOVAK FOR CONGRESS

Full Name (Last, First, Middle Initial)

William Collier

Mailing Address 4515 North Progress Avenue

City

Harrisburg

State

PA

Zip Code

17110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Regal Blue Media

Occupation

Web design

Receipt For: 2016

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

2720.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 14 / 2016

Transaction ID : SA11AI.4591

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Darlene Jones

Mailing Address 358 Cold Spring Road

City

Westbrook

State

CT

Zip Code

06498

FEC ID number of contributing
federal political committee.

C

Name of Employer

CT Department of Labor

Occupation

Auditor

Receipt For: 2016

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

209.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2016

Transaction ID : SA11AI.4542

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Betty Lincoln

Mailing Address 246 Whistle town Road

City

East Lyme

State

CT

Zip Code

06333

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2016

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

225.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2016

Transaction ID : SA11AI.4601

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

210.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DARIA NOVAK FOR CONGRESS

Full Name (Last, First, Middle Initial)

Peter Lumaj

Mailing Address 745 Mill Plain Road

City

Fairfield

State

CT

Zip Code

06824

FEC ID number of contributing
federal political committee.

C

Name of Employer

Law Office of Peter Lumaj

Occupation

Attorney

Receipt For: 2016

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2016

Transaction ID : SA11AI.4526

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

J Kenneth Nowell

Mailing Address 97 Hickory Road

City

Torrington

State

CT

Zip Code

06790

FEC ID number of contributing
federal political committee.

C

Name of Employer

Theroux, Nowell Stoughton LLC

Occupation

CPA

Receipt For: 2016

☐ Primary
☒ Other (specify)
☐ General

Convention

Election Cycle-to-Date

851.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2016

Transaction ID : SA11AI.4443

Amount of Each Receipt this Period

476.45

☐ Memo Item

Full Name (Last, First, Middle Initial)

J Kenneth Nowell

Mailing Address 97 Hickory Road

City

Torrington

State

CT

Zip Code

06790

FEC ID number of contributing
federal political committee.

C

Name of Employer

Theroux, Nowell Stoughton LLC

Occupation

CPA

Receipt For: 2016

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

951.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Transaction ID : SA11AI.4596

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

626.45

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DARIA NOVAK FOR CONGRESS

Full Name (Last, First, Middle Initial)

Jack Orchulli

Mailing Address 446 Hollow Tree Ridge Road

City

Darien

State

CT

Zip Code

06820

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2016

☐

Primary

☐

General

☒

Other (specify)

Convention

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2016

Transaction ID : SA11Al.4592

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

400.00

2046.45

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 22

☐ 11a ☒ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DARIA NOVAK FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Enfield Republican Town Committee			Date of Receipt M M / D D / Y Y Y Y 06 / 23 / 2016	
Mailing Address 18 Debbie Lane			Transaction ID : SA11B.4651	
City	State	Zip Code	Amount of Each Receipt this Period 250.00	
Enfield	CT	06082	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 250.00	
Name of Employer		Occupation	<input type="checkbox"/> Memo Item	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		
B. Full Name (Last, First, Middle Initial)			Date of Receipt M M / D D / Y Y Y Y	
Mailing Address				
City	State	Zip Code	Amount of Each Receipt this Period	
			<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period	
Name of Employer		Occupation	<input type="checkbox"/> Memo Item	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date		
C. Full Name (Last, First, Middle Initial)			Date of Receipt M M / D D / Y Y Y Y	
Mailing Address				
City	State	Zip Code	Amount of Each Receipt this Period	
			<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period	
Name of Employer		Occupation	<input type="checkbox"/> Memo Item	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date		
SUBTOTAL of Receipts This Page (optional).....			250.00	
TOTAL This Period (last page this line number only).....			250.00	

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 22

(check only one)

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

DARIA NOVAK FOR CONGRESS

Full Name (Last, First, Middle Initial)

Grassroots East - Federal

Mailing Address 356 WESTCHESTER ROAD

PO BOX 747

City

Colchester

State

CT

Zip Code

06415

FEC ID number of contributing
federal political committee.

C C00492280

Name of Employer

Occupation

Receipt For: 2016

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2016

Transaction ID : SA11C.4649

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5000.00

5000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 22

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	-------------------------------------	---	-----------------------------

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NAME OF COMMITTEE (In Full)

DARIA NOVAK FOR CONGRESS

Full Name (Last, First, Middle Initial)

DARIA IRENE NOVAK

Mailing Address 51 HAMMONASSETT MEADOWS ROAD

City

MADISON

State

CT

Zip Code

06443

FEC ID number of contributing
federal political committee.**C** H0CT02140

Name of Employer

ERUdyne

Occupation

Founder

Receipt For: 2016

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

3141.92

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		27		2016

Transaction ID : SA11D.4653

Amount of Each Receipt this Period

25.50

☐ Memo Item

In-kind - Event attendance

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

25.50

25.50

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 22

<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	--	-------------------------------------	------------------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DARIA NOVAK FOR CONGRESS

Full Name (Last, First, Middle Initial)

DARIA IRENE NOVAK

Mailing Address 51 HAMMONASSETT MEADOWS ROAD

City

MADISON

State

CT

Zip Code

06443

FEC ID number of contributing
federal political committee.**C** H0CT02140

Name of Employer

ERUdyne

Occupation

Founder

Receipt For: 2016

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

3116.42

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		27		2016

Transaction ID : SA13A.4639

Amount of Each Receipt this Period

219.24

☐ Memo Item

Portion of mileage loaned by candidate

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....

219.24

TOTAL This Period (last page this line number only).....

219.24

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 22

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DARIA NOVAK FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CONNECTICUT REPUBLICAN PARTY

Mailing Address 31 PRATT STREET 4TH FLOOR

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2016

City	State	Zip Code
HARTFORD	CT	06103

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
Booth rental-Convention

007

☐ Memo Item

Candidate Name

Category/
Type

Transaction ID : SB17.4620

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify)	Convention

State:

District:

Full Name (Last, First, Middle Initial)

B. CONNECTICUT REPUBLICAN PARTY

Mailing Address 31 PRATT STREET 4TH FLOOR

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		16		2016

City	State	Zip Code
HARTFORD	CT	06103

Amount of Each Disbursement this Period

263.49

Purpose of Disbursement
Event attendance

007

☐ Memo Item

Candidate Name

Category/
Type

Transaction ID : SB17.4642

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

c. Darter Specialties Inc.

Mailing Address P. O. Box 188

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2016

City	State	Zip Code
Cheshire	CT	06410

Amount of Each Disbursement this Period

476.45

Purpose of Disbursement
Stickers & Pins for Convention

006

☐ Memo Item

Candidate Name

Category/
Type

Transaction ID : SB17.4445

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify)	Convention

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

989.94

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 22

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DARIA NOVAK FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. DARIA IRENE NOVAK

Mailing Address 51 HAMMONASSETT MEADOWS ROAD

Date of Disbursement

M M	D D	Y Y Y Y
04	29	2016

City	State	Zip Code
MADISON	CT	06443

Amount of Each Disbursement this Period

Purpose of Disbursement
Attendance at dinner

007

50.00

Candidate Name

☐ Memo Item

Transaction ID : SB17.4622

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention
State: CT	District: 05	

Full Name (Last, First, Middle Initial)

B. DARIA IRENE NOVAK

Mailing Address 51 HAMMONASSETT MEADOWS ROAD

Date of Disbursement

M M	D D	Y Y Y Y
04	29	2016

City	State	Zip Code
MADISON	CT	06443

Amount of Each Disbursement this Period

Purpose of Disbursement
Reimburse attendance at events

007

149.00

Candidate Name

☐ Memo Item

Transaction ID : SB17.4623

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention
State: CT	District: 05	

Full Name (Last, First, Middle Initial)

C. DARIA IRENE NOVAK

Mailing Address 51 HAMMONASSETT MEADOWS ROAD

Date of Disbursement

M M	D D	Y Y Y Y
04	29	2016

City	State	Zip Code
MADISON	CT	06443

Amount of Each Disbursement this Period

Purpose of Disbursement
Reimburse postage & business cards

003

175.41

Candidate Name

☐ Memo Item

Transaction ID : SB17.4624

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention
State: CT	District: 05	

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

374.41

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 22

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DARIA NOVAK FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. United States Postal Service

Mailing Address 781 Boston Post Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2016

City	State	Zip Code
Madison	CT	06443

Amount of Each Disbursement this Period

147.00

Purpose of Disbursement
Postage

003

☒ Memo Item

Candidate Name

Category/
Type

Transaction ID : SB17.4624.0

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) Convention

State: District:

Full Name (Last, First, Middle Initial)

B. DARIA IRENE NOVAK

Mailing Address 51 HAMMONASSETT MEADOWS ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		08		2016

City	State	Zip Code
MADISON	CT	06443

Amount of Each Disbursement this Period

216.00

Purpose of Disbursement
Reimburse event attendance costs

007

☐ Memo Item

Candidate Name

Category/
Type

Transaction ID : SB17.4628

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) Convention

State: CT District: 05

Full Name (Last, First, Middle Initial)

C. DARIA IRENE NOVAK

Mailing Address 51 HAMMONASSETT MEADOWS ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		25		2016

City	State	Zip Code
MADISON	CT	06443

Amount of Each Disbursement this Period

608.58

Purpose of Disbursement
Mileage reimbursement

002

☐ Memo Item

Candidate Name

Category/
Type

Transaction ID : SB17.4630

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) Convention

State: CT District: 05

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

824.58

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 22

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DARIA NOVAK FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. DARIA IRENE NOVAK

Mailing Address 51 HAMMONASSETT MEADOWS ROAD

City	State	Zip Code
MADISON	CT	06443

Purpose of Disbursement
Mileage (loaned back in-kind)

002

Candidate Name

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify)

State: CT District: 05

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		27		2016

Amount of Each Disbursement this Period

219.24

☐ Memo Item

Transaction ID : SB17.4640

Full Name (Last, First, Middle Initial)

B. DARIA IRENE NOVAK

Mailing Address 51 HAMMONASSETT MEADOWS ROAD

City	State	Zip Code
MADISON	CT	06443

Purpose of Disbursement
In-kind - Event attendance

007

Candidate Name

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify)

State: CT District: 05

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		27		2016

Amount of Each Disbursement this Period

25.50

☐ Memo Item

Transaction ID : SB17.4654

Full Name (Last, First, Middle Initial)

C. DARIA IRENE NOVAK

Mailing Address 51 HAMMONASSETT MEADOWS ROAD

City	State	Zip Code
MADISON	CT	06443

Purpose of Disbursement
Mileage reimbursement

002

Candidate Name

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify)

State: CT District: 05

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2016

Amount of Each Disbursement this Period

241.38

☐ Memo Item

Transaction ID : SB17.4634

SUBTOTAL of Disbursements This Page (optional).....

486.12

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 22

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DARIA NOVAK FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. DARIA IRENE NOVAK

Mailing Address 51 HAMMONASSETT MEADOWS ROAD

City	State	Zip Code
MADISON	CT	06443

Purpose of Disbursement
Office supplies

001

Candidate Name

Category/
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: CT District: 05

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2016

Amount of Each Disbursement this Period

91.44

☐ Memo Item

Transaction ID : SB17.4635

B. Staples

Full Name (Last, First, Middle Initial)

Mailing Address 1000 Boston Post Road

City	State	Zip Code
Old Saybrook	CT	06475

Purpose of Disbursement
Office suppliesCategory/
Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	---	--

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2016

Amount of Each Disbursement this Period

91.44

☒ Memo Item

Transaction ID : SB17.4635.0

C. DARIA IRENE NOVAK

Full Name (Last, First, Middle Initial)

Mailing Address 51 HAMMONASSETT MEADOWS ROAD

City	State	Zip Code
MADISON	CT	06443

Purpose of Disbursement
Mileage reimbursement

002

Candidate Name

Category/
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: CT District: 05

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2016

Amount of Each Disbursement this Period

144.72

☐ Memo Item

Transaction ID : SB17.4637

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

236.16

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 22

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DARIA NOVAK FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Meilia Picquet

Mailing Address 51 Hammonasset Meadows

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		25		2016

City	State	Zip Code
Madison	CT	06443

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Field Management Services

001

Candidate Name

Category/
Type☐ Memo Item

Transaction ID : SB17.4629

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify)	Convention

State: District:

Full Name (Last, First, Middle Initial)

B. Meilia Picquet

Mailing Address 51 Hammonasset Meadows

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2016

City	State	Zip Code
Madison	CT	06443

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
Field Management services

001

Candidate Name

Category/
Type☐ Memo Item

Transaction ID : SB17.4638

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

c. Staples

Mailing Address 1000 Boston Post Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2016

City	State	Zip Code
Old Saybrook	CT	06475

Amount of Each Disbursement this Period

146.01

Purpose of Disbursement
Ink & cards

001

Candidate Name

Category/
Type☐ Memo Item

Transaction ID : SB17.4627

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify)	Convention

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3146.01

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 22

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DARIA NOVAK FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Theroux, Nowell & Stoughton LLC

Mailing Address 53 Peck Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		27		2016

City	State	Zip Code
Torrington	CT	06790

Amount of Each Disbursement this Period

812.50

Purpose of Disbursement
Accounting services

001

☐ Memo Item

Candidate Name

Category/
Type

Transaction ID : SB17.4631

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify)	Convention

State:

District:

Full Name (Last, First, Middle Initial)

B. United States Postal Service

Mailing Address 781 Boston Post Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		06		2016

City	State	Zip Code
Madison	CT	06443

Amount of Each Disbursement this Period

188.00

Purpose of Disbursement
Postage

003

☐ Memo Item

Candidate Name

Category/
Type

Transaction ID : SB17.4647

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1000.50

7057.72

SCHEDULE C (FEC Form 3)
LOANS

PAGE 20 OF 22

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4134

DARIA NOVAK FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

DARIA IRENE NOVAK

Election: 2016

☐ Primary☐ General☒ Other (specify) ▼

Convention

Mailing Address

51 HAMMONASSETT MEADOWS ROAD

City

State

ZIP Code

MADISON

CT

06443

Original Amount of Loan

25.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
10 / 09 / 2015

Date Due

M M / D D / Y Y Y Y
None

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

25.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 21 OF 22

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4387

DARIA NOVAK FOR CONGRESS**LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item**DARIA IRENE NOVAK**

Election: 2016

☐ Primary☐ General☒ Other (specify) ▼

Convention

Mailing Address

51 HAMMONASSETT MEADOWS ROAD

City

State

ZIP Code

MADISON

CT

06443

Original Amount of Loan

1091.80

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1091.80

TERMS

Date Incurred

M M / D D / Y Y Y Y
03 / 31 / 2016

Date Due

M M / D D / Y Y Y Y
12/31/2016

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1091.80

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 22 OF 22

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4639

DARIA NOVAK FOR CONGRESS**LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item**DARIA IRENE NOVAK**

Election: 2016

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address

51 HAMMONASSETT MEADOWS ROAD

City

State

ZIP Code

MADISON

CT

06443

Original Amount of Loan

219.24

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

219.24

TERMS

Date Incurred

M M / D D / Y Y
05 / 27 / 2016

Date Due

M M / D D / Y Y
None

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

219.24

TOTALS This Period (last page in this line only)..... ►

1336.04

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.